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Bib Data Sheet

CONFIRMATION NO. 6475

<b>SERIAL NUMBER</b> 09/867,126	<b>FILING DATE</b> 05/29/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2166	<b>ATTORNEY DOCKET NO.</b> 26540.6
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**APPLICANTS**  
Stephen W. Jackson, Houston, TX;

**\*\* CONTINUING DATA \*\*\*\*\*** *Yes*  
THIS APPLN CLAIMS BENEFIT OF 60/207,873 05/30/2000 *Yes*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *None*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
\*\* 07/26/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 10	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 4
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Verified and Acknowledged  
Examiner's Signature *[Signature]* Initials *[Initials]*

**ADDRESS**  
Todd Mattingly  
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Suite 4300  
1000 Louisiana Street  
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**TITLE**  
Method of financing payments to providers of medical services

<b>FILING FEE RECEIVED</b> 469	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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